

IV TITLE OR OTHER INTEREST IN SITE

A. Applicant has **(check one)** **(attach substantiating documentation)**

☐ Fee simple title to site

☐ Leasehold interest in site

☐ Other interest in site **(explain)**

- _____
 - _____
 - _____
- (Use separate sheet(s) if necessary)

V. CERTIFICATE OF CORPORATIE RELATIONSHIPS

A. See Attached _____ received its
(name of corporation, political subdivision, or hospital district)

Articles of Incorporation charter on _____ pursuant to
(date)

_____ of the State of California
(cite statue)

B. The officers and directors of the Mortgagor Corporation or political subdivision officers are as follows.

Name of Officers	Position	Occupation	Term Expires

C. The management positions of the facility are as follows: SEE ATTACHED

Executive Director/Administrator/Chief Executive Officer	
Chief Financial Officer	
Director of Nurses	
(other)	
(other)	

VI. Certification

It is hereby represented by the undersigned that to the best of his/her knowledge and belief no information or data contained herein, including all attachments to this application are in any way false or incorrect and are truly descriptive of the proposed project. The undersigned certifies that none of the proceeds of the funds insured by O.S.H.P.D. as a result of this application shall go directly or indirectly to any officer, director, member, employee or relative of any officer, director, member or employee of the applicant. I hereby sign this application under the penalty of perjury (see Health & Safety Code section 129022).

SIGNATURE OF AUTHORIZED OFFICER	NAME OF AUTHORIZED OFFICER	DATE
	TITLE	

CATAGORIES

<u>Abbreviation</u>	<u>Description</u>
ADC-DD	Adult Day Care for the Developmentally Disabled
ADHC	Adult Day Health Care
BB	Blood Bank
BIRTH CTR	Birthing Center
CDRF	Chemical Dependency Recovery Facility Adult Drug Abuse Treatment Facility Alcohol Recovery Facility Alcohol Free Living Centers Substance Abuse Recovery Facility
CLINIC-AIDS	A.I.D.S. Clinic
CLINIC-DI	Dialysis Clinic
CLINIC-MH	Mental Health Clinic Community Mental Health Center
CLINIC-PC	Primary Care Clinic
GH-DD	Group Home for the Developmentally Disabled Community Care Facility for Developmentally Disabled Provides Residential Care
GH-DD/MD	Group Home for the Developmentally Disabled and Mentally Disabled or Emotionally Disturbed Provides Residential Care
GH-MD	Group Home for the Mentally Disabled or Emotionally Disturbed Community Care Facility – Group Home Provides Residential Care
HOSPICE	Hospice
HOSP	General Acute Care Hospital General Acute Care Hospital Which Includes Distinct Part SNF
HOSP-CDR	Chemical Dependency Recovery Hospital
HOSP-DIST	District Hospital
HOSP-PSYCH	Psychiatric Hospital
ICF	Intermediate Care Facility
ICF-DD	Intermediate Care Facility for the Developmentally Disabled
MULTI	Multi-Level Facilities
SNF	Stand Alone Skilled Nursing Facilities (This category should be used in cases where the SNF may be part of a hospital or multi-level, but we only insure and have collateral on the SNF)

